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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>243148013US1 |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
|---|------------|--|-----------|--|------------|-------------------------|--|--|-------|------|----|--|-------|-------|-----------|---|--------|-------|----|--|--------|-------|----|--|--------|--------|----|
| Application Number      10/811,068-Conf. #8076  |            | Filed      March 26, 2004                |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| For      FIREPLACE INSTALLATION ASSEMBLY  |            |  |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| Art Unit      3749  |            | Examiner      A. Basicas                 |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 15%; text-align: center;"><u>Fee</u></th><th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 30%;"></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: center;">\$</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$450</td><td style="text-align: center;">\$225</td><td style="text-align: center;">\$ 225.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1020</td><td style="text-align: center;">\$510</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1590</td><td style="text-align: center;">\$795</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2160</td><td style="text-align: center;">\$1080</td><td style="text-align: center;">\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u>. I have enclosed a duplicate copy of this sheet.</p><br><p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,575</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><br/>_____<br/>Signature<br/><br/>Tim R. Seeley<br/>Typed or printed name</div><div style="width: 45%; text-align: center;"><u>May 22, 2006</u><br/>Date<br/><br/><u>(206) 359-8000</u><br/>Telephone Number</div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p> |            |  |           |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 225.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                  |           |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                                     | \$        |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                    | \$ 225.00 |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                    | \$        |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                    | \$        |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                                   | \$        |  |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |

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